		a Employee	e's social security number										
222222 OMB No. 154						545-0008							
b Emp	loyer identification number	(EIN)			1 Wa	ages, tips, other compensation	2 Fede	eral income t	tax withheld				
5796	32875					80,463		16,86	65				
c Emp	loyer's name, address, and	ZIP code			3 Sc	cial security wages	4 Socia	al security ta	ax withheld				
Pr	ada Paper Com	nanv				80,463		4,00	0				
1	5 5th Ave	July			5 Me	edicare wages and tips	6 Med	icare tax wit	hheld				
		4.0				80,463		2,50	0				
Ne	w York, NY 114	13			7 Sc	cial security tips	8 Alloc	ated tips					
d Cont	rol number				9 Ac	9 Advance EIC payment 10 Dependent care be							
e Emp	loyee's first name and initia	al Last	name	Suff.	11 No	onqualified plans	12a	I					
Ηι	ickleberry Hound	d					o d e						
1	5 Dogwood Stre				13 Statut emplo	ory Retirement Third-party yee plan sick pay	12b	I					
1	nerry Hill, NJ 080				oxdot		o d e						
	ierry mili, No ooc	<i>1</i> 02			14 Ot	her	12c	12c					
							o d e						
							12d	I					
							d e						
f Emp	loyee's address and ZIP co	ode											
15 State	Employer's state ID nun	nber	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name				
NY	57963287	5	80463	2029]				
DE	579632875	5	35758	649									

Wage and Tax
Statement
Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return.

2008

Department of the Treasury-Internal Revenue Service

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN FORM 200-02

Apt. #

or Fiscal year beginning	and ending
Your Social Security No.	Spouse's Social Security No

	_	
(Attach Label Here) DO NOT	COVER SOCIAL SECURITY NU	IMBERS
Your Last Name HOUND	First Name and Middle Initial HUCKLEBERRY	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc
HOUND	SUE	

Present Home Address (Number and Street)

115 DOGWOOD STREET

ATTACH LABEL HERE

City	State	Zip Code
CHERRY HILL	NJ	08002
FILING STA	TUS (MUST CHECK ON	<u> </u>
1 Cingle Diversed Widow	(ar) 3 Marriad 8	Eiling Congrete Forms

If you were a part-year resident in 2008, give the dates you Check if FULL-YEAR resided in Delaware. non-resident in 2008

									$\overline{}$
Ш		Mon	th	Day			- 1	Month	Day
	From				2008	To			2008
			1						1

2.	Joint 5. Head of Household		Month	Day	Month Da	ıy
37.	DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1)		37		80,630	00
38.	Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500		38		44.000	00
	(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36		30		11,993	UC
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instruction CHECK BOX(ES)	ons)				
	If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind	_d \square	39			00
40.	TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here		40		11,993	00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount		41		68,637	00
	A Line 30 A 35758 00 Proration Decimal (See instructions, page 10) Amount	•				
	B Line 30 B 80630 00 = 0 . 4 4 3 5 x 3458	00	42		1,534	00
	PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)					
43a	Enter number of exemptions claimed on Federal returnX \$110. =Multiply this amount by the proration decimal on Line 42 (X) and enter total here)	43a		146	00
43b	CHECK BOX(ES) Spouse 60 or Over (if filling status 2) Self 60 or Over					
	Enter number of boxes checked on Line 43b X \$110. = Multiply this amount by the proration decimal on Line 42 (X) and enter total here		43b			00
44.	Tax imposed by State of (Must attach copy of DE Sch. I and other state return) (Part-Year Residents Only. See instructions, page 11)	00	44			
45.	Other Non-Refundable Credits (See instructions, page 11)	00	45			
46.	Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45		46		146	00
47.	BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)		47		1,388	00
40	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					

46.	Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45	46	146	00	
47.	BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)		47	1,388	00
48.	Delaware Tax Withheld (Attach W-2s/1099s)	00	48		
49.	2008 Estimated Tax Paid & Payments with Extensions	00	49		
50.	S Corporation Payments (Form 1100S/A-1 Required)	00	50		
51.	TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50		51	649	00
52.	If Line 47 is greater than Line 51, subtract 51 from 47 and enter hereAMOUNT YOU OW	/E >	52	739	00
53.	If Line 51 is greater than Line 47, subtract 47 from 51 and enter hereOVERPAYMEN	NT >	53		00

CONTRIBUTIONS TO SPECIAL FUNDS

Α.	Non-Game Wildlife	00
В.	U.S. Olympics	00
С.	Emergency Housing	00
D.	Children's Trust	00
Ε.	Breast Cancer Educ.	00

F. Organ Donations

00 nn G. Diabetes Educ H. Veteran's Ho I. DE National C

ic.	UU
me	00
Guard	00
Fund	00

55.	AMOUNT OF LINE 53 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNTENTER :	> [55
56.	PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructionsENTER	>	56
57.	NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full	,	57

J. Juv. Diabetes

58.	NET	REFUND.	Subtract Lines 5	54, 55	and 56 from	Line 53.			ZERO DUE	TO BE REF	UNDED > [50		
Unde	r pen	alties of pe	rjury, I declare th	at I ha	ve examined	this retur	n, including	accompanying	schedules and	statements,	and believe	it is true,	correct an	d complete

Your Signature	Date			
X				
Spouse's Signature (If filing joint)	Date			
Home Phone	Business Phone			
Email Address				

n, including accompanying schedules and statements	, and	beli
Signature of Paid Preparer Date		
X		
Address Zip Code		
Business Phone		
Email Address		



EIN,SSN or PTIN

00

00 00

739 00 00

TOTAL >

54

55

58.

STAPLE W-2 FORMS HERE

2008 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SEC	TION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	Federal COLUMN 1		Income/Loss COLUMN 2	
1.	Wages, salaries, tips, etc	80,463	00	35,758	00
2.	Interest	167	00	0	00
3.	Dividends		00		00
4.	State refunds, credits or offsets of state & local income taxes		00		00
5.	Alimony received		00		00
6.	Business income or (loss) (See instructions on Page 6)		00		00
7a.	Capital gain or (loss)		00		00
7b.	Other gains or (losses)		00		00
8.	IRA distributions		00		00
9.	Taxable pensions and annuities		00		00
10.	Rents, royalties, partnerships, S corps, estates, trusts, etc		00		00
11.	Farm income or (loss)		00		00
12.	Unemployment compensation (insurance)		00		00
13.	Taxable Social Security Benefits		00		00
14.	Other income (state nature and source)14		00		00
	Total income. Add Lines 1 through 14	80,630	00	35,758	00
16.	Total Federal Adjustments (See instructions on Page 6)		00		00
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	80,630	00	35,758	00
SEC	TION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)	COLUMN 1		COLUMN 2	
18.	Interest received on obligations of any state other than Delaware		00		00
19.	Fiduciary adjustment, oil depletion		00		00
20.	TOTAL - Add Lines 18 & 19		00		00
21.	Add Lines 17 & 20		00		00
SEC	TION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)	COLUMN 1	!	COLUMN 2	
	Interest received on U.S. Obligations		00		00
23.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7) 23		00		00
	Delaware State tax refund, Delaware Lottery		00		00
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward		00		00
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion 26		00		00
	TOTAL - Add Lines 22 through 26		00		00
	Subtract Line 27 from Line 21 and enter here		00		00
	Exclusion for certain persons 60 and over or disabled (See instructions on Page 8)		00		00
30A	Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on front side Line 42, Box A		30A	35,758	00
30B	Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on front side Line 37 and Line 42, Box B	00.600			
SEC	TION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)	COLUMN 1			
	Enter total Itemized Deductions (If Filing Status 3, see instructions on Page 8)	12,642	00		
	Enter Foreign Taxes Paid (See instructions on Page 8)	, -	00		
	Enter Charitable Mileage Deduction (See instructions on Page 8)		00		
	TOTAL - Add Lines 31, 32, and 33	12,642	00		
35a	Enter State Income Tax included in Line 31 above (See Instructions on Page 8)	649	00		
35b	Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)	015	00		
36.	Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38	11,993	00		
	SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly			•	
1	to your checking or savings account, complete boxes a, b and c below. See instructions for details.				
	a. Routing Number b. Type: Checking Savings	DATE	0	DEATH	
		SPOUSE	. OI	TAXPAYER	
	c. Account Number	1 1		1 1	
	NOTE: If your refund is adjusted by \$10.00 or more, a paper check will be issued and mailed to the address on your return.	Month Day Ye	ar	Month Day Yea	ar
	If a 2D barcode (black and white box) appears in the upper right hand corner of page 1 of this form, send the return MAKE CHECKS PAYABLE AND MAIL TO: MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8753, WILMINGTON, MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE DIVISI	DELAWARE 19899-8	3753 3710	esses:	
	If a 2D barcode (black and white box) DOES NOT appear in the upper right hand corner of page 1 of this form, send MAKE CHECKS PAYABLE AND MAIL TO: MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8772, WILMINGTON, DELAWARE DIVISION OF REVENUE, P.O. BOX 8771, WILMINGTON, DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WI	the return to one of the DELAWARE 19899-6 DELAWARE 19899-6	ne follo 3752 3772 3711	, and the second	

Delaware Source

)

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.	
1. Tax imposed by State of (enter 2 character state name) 1	00
2. Tax imposed by State of (enter 2 character state name) 2	00
3. Tax imposed by State of (enter 2 character state name) 3	00
4. Tax imposed by State of (enter 2 character state name) 4	00
5. Tax imposed by State of (enter 2 character state name) 5	00
6. Enter the total here and on Page 1, Line 44. You must attach a copy	
of the other state return(s) with your Delaware tax return 6	00

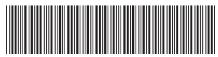
This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.



2008

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	FORM	200-01											
	or Fiscal year beginning and end												
Your	Social Security No. Spouse's Social Security No.	ial Security	No.										
	(Attach Label Here) DO NOT COVER SOCIAL S		 UMBERS	-									
Your	Last Name First Name and Mi		Jr., Sr., III., etc.	1									
JO	HNSON TEST												
Spou	se's Last Name Spouse's First Na	ne	Jr., Sr., III., etc.										
Droce	ent Home Address (Number and Street)			-									
	10 WALNUT STREET	,	чр г. #										
City	State	Z	ip Code	1									
	NEW CASTLE	E	<u> 19720</u>	_									
1 5	FILING STATUS (MUST CHEC Single, Divorced, 3. Married & Filing	(ONE) 5.	Head of		m DE2210	If you Delaw		a part-year	resident in 2	2008, give	the dates you re	sided ii	n
L	Widow(er) Separate Forms		Household	"	Attached		raio.	1	l	_	1 1 -		
2.	Joint 4. Married & Filing Con					From	Mo	nth Day	2008	To	nth Day	8008	
Colu	Separate on this for Imn A is for Spouse information, Filing Statu		All other filing	status	ses use Col	lumn E		 	Column		Colum	n B	_
1.	DELAWARE ADJUSTED GROSS INCOME.							1		00			00
				156 2	V	1		1		100	30,5	6/	-
2a.	If you elect the DELAWARE STANDARD DEDUCTION Filing Statuses 1, 3 & 5 Enter \$3250 in Column B		here atus 4 Enter \$325	∠ 0 in C	△ Column A and	in Colu	mn B						
	Filing Status 2 Enter \$6500 in Column B	3	•	_	\neg								
b.	If you elect the DELAWARE ITEMIZED DEDUCTI				Column B								
υ.	Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reversiting status 4 enter Itemized Deductions from reversitions.							2		00	3,2	50	00
3.	ADDITIONAL STANDARD DEDUCTIONS (N	t Allowed	with Itemized De	ductio	ons - see ins	truction	ıs)				-		
	CHECK BOX(ES) Column A - if SPO 65 or over	JSE was lind	Colun 65 or		if YOU were								
	Multiply the number of boxes checked above by \$2												
	(Filing status 4) enter the total for each appropriate					1		3		00			00
4.	TOTAL DEDUCTIONS - Add Lines 2 & 3 a							. 4		00	3,2	50	00
5.	TAXABLE INCOME - Subtract Line 4 from L	ne 1, and	Compute Tax o	n this	Amount			. 5		00	27,3	17	00
			Column A		Colum	n B							
6.	Tax Liability from Tax Rate Table/Schedule			00	1,1		00	6					
7.	Tax on Lump Sum Distribution (Form 329)			00			00	7			T		_
8.	TOTAL TAX - Add Lines 6 and 7 and en						>	8		00	1,1	.30	00
	PERSONAL CREDITS If you are Filing Status 3, If you use Filing Status 4, enter the total for each a		•	ontor	total in Colu	mn B							
9a.	Enter number of exemptions claimed on Federal		2		10			9a		00	3	30	00
	On Line 9a, enter the number of exemptions	or:	Column A	С	Column B					1 00			_
9b.	CHECK BOX(ES) Spouse 60 or over (Co	lumn A)	Self 60 o	r ove	r (Column B	5)				1	I		
	Enter number of boxes checked on Line 9b.		X \$110					9b		00		_	00
10.	Tax imposed by State of PA (Must atta	ch copy o	f DE Schedule	l and	other state	return	1)	10		00	9		00
11.	Vol. Firefighter Co.# - Column A(Filing	Status 4 on	lly) Column B		. Enter cred	lit amou	unt	11		00			00
12.	Other Non-Refundable Credits (see instruct	ons on Pa	age 7)					12		00			00
13.	Child Care Credit. Must attach Form 2441;		•							00			00
14.	Earned Income Tax Credit. See instruction		•					· ·		00		_	00
15.	Total Non-Refundable Credits. Add Lines 9a							.0		00	1,2	68	00
16.	BALANCE. Subtract Line 15 from Line 8. If	Line 15 is	greater than Lir	ne 8, 6	enter "0" (Ze	ero)		16		00		0	00
17.	Delaware Tax Withheld (Attach W2s/1099s)			00		(00	17					
18.	2008 Estimated Tax Paid & Payments with Extensi	ons		00		C	00	18					
19.	S Corporation Payments Form 1100S/A-1 Requi	ed		00		(00	19					
20.	TOTAL Refundable Credits. Add Lines 17,	8 and 19	and enter here.				.>	20		00		0	
21.	BALANCE DUE. If Line 16 is greater than L	ne 20, sub	tract 20 from 16	and	enter here		.>	21		00		0	-
22.	OVERPAYMENT. If Line 20 is greater than I	ine 16, su	btract 16 from 2	0 and	d enter here		>	22		00		0	00
23.	CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and a	ttach DE	Schedule III						23			0	00
24.	AMOUNT OF LINE 22 TO BE APPLIED TO											_	00
25.	PENALTIES AND INTEREST DUE. If Line 2												00
26.	NET BALANCE DUE (For Filing Status 4, se	e instruct	ions, page 9)										00
27	For all other filing statuses, enter Line 21 plu				7EBO D	IE/TO	DE :	DEELINDE					
21.	NET REFUND (For Filing Status 4, see instr For all other filing statuses, subtract Lines 23, 2				בגט טנ	JE/10	oc I						00
	· · · · · · · · · · · · · · · · · · ·							111					a001 00



2008 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

МО	DIFICATIONS TO FEDERAL ADJUSTED	O GROSS	INC	OME							Filing Status 4 ONLY Spouse Information COLUMN A	,	All other filings state You or You plus Sp COLUMN B	
SEC 28.	CTION A - ADDITIONS (+) Enter Federal AGI amount from Federal 1040, Lin	e 37; 1040A	A, Line	21; o	r 104	10EZ,	Line 4			28		00	30,567	00
29.	Interest on State & Local obligations other the	an Delawai	rα							20		00		00
30.	Fiduciary adjustment, oil depletion											00		00
31.	TOTAL - Add Lines 29 and 30											00		00
32.	Subtotal. Add Lines 28 and 31				Too	_			00	32				
	CTION B - SUBTRACTIONS (-)				100	<u> </u>			00	32			ı	
33.	Interest received on U.S. Obligations									33		00		00
34.	Pension/Retirement Exclusions (For a definition	_								34		00		00
35.	Delaware State tax refund, Delaware lottery, fic Travelink Program, Delaware NOL Carry forwa						•			35		00		00
36	Taxable Soc Sec/RR Retirement Benefits/Higher	•					-					00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 an						•		• ,			00		00
38.	Subtotal. Subtract Line 37 from Line 32		· · · · · · ·		00	_			00	38				
39.	Exclusion for certain persons 60 and over or d		e inst	ructio			ne 11)					00		00
40.	TOTAL - Add Lines 37 and 39	`					,					00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtra											00		00
	CTION C - ITEMIZED DEDUCTIONS (MUST								•				inable to specific	
	cate deductions between spouses, you mu						,		ullilis A	and	D are used and you	are	Thable to specific	any
42.	Enter total Itemized Deductions from Schedule	e A, Federa	al Forr	n 104	10, L	ine 2	29			. 42		00		00
43.	Enter Foreign Taxes Paid (See instructions o	n Page 11))							43		00		00
44.	Enter Charitable Mileage Deduction (See inst	ructions on	Page	11)						44		00		00
45.	SUBTOTAL Add Lines 42, 43, and 44 and											00		00
46a.	Enter State Income Tax included in Line 42 ab											00		00
	Enter Form 700 Tax Credit Adjustment (See i											00		00
47.	TOTAL - Subtract Line 46a and 46b from Line 45											00		00
	CTION D - DIRECT DEPOSIT INFORMATION our checking or savings account, complete bo	•		•					•					
	a Dauting Number] , ,			ا د			م ما الم	_	DATE	OF	DEATH]
	a. Routing Number		D. I	ype:	Ш	Cr	necking		Saving	S	Column A	Т	Column B	1
			Т	Т		П		\neg			SPOUSE	ユ	TAXPAYER]
	c. Account Number										Month Day Yea	Ι.	Month Day Year	
	NOTE: If your refund is adjusted by \$10	0.00 or mo	re, a p	oape	r ch	eck v	will be i	ssue	d and		Month Day Yea	ar I I	Month Day Year	J
	mailed to the address on your return.													
	BE SURE TO SIGN YO	OUR RET	TURN	N BE	LO	W A	AND K	EEP	A COI	PY F	OR YOUR RECO	RDS	3	
Unde	er penalties of perjury, I declare that I have exam	ined this re	turn, iı	ncludi	ing a	ccon	npanying	sche	dules an	id stat	tements, and believe it	is tru	e, correct and com	plete.
Your	Signature	Date				S	ignature	of Pa	id Prepa	irer	Date			
Spor	use's Signature (if filing joint or combined return) Date				A	.ddress-2	Zip Co	ode					
Hom	ne Phone	Business P	hone			В	usiness	Phon	е		EIN, SS	N OF	R PTIN	
E-M	ail Address					E	-Mail Ad	dress						
MAN MAN MAN If a 2 MAN MAN	L REFUND DUE RETURNS TO: DELAWA L ZERO DUE RETURNS TO: DELAWA D barcode (black and white box) DOES NOT apper E CHECKS PAYABLE AND MAIL TO: DELAWA L REFUND DUE RETURNS TO: DELAWA	RE DIVISIO RE DIVISIO RE DIVISIO ar in the upp RE DIVISIO RE DIVISIO	N OF I N OF I N OF I PO OF I N OF I	REVE REVE REVE t hand REVE REVE	NUE NUE NUE d cor NUE NUE	, P.O. , P.O. , P.O. ner o , P.O.	BOX 87 BOX 87 BOX 87 f page 1 BOX 50	53, W 10, W 11, W of this 8, WIL 65, W	ILMINGT ILMINGT LMINGT form, ser MINGTO ILMINGT	ON, D ON, D ON, D nd the ON, DE ON, D	DELAWARE 19899-8753 DELAWARE 19899-8710 DELAWARE 19899-8711	owing		

DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO A	ANOTHER STATE	COLUMNA	COLUMN B
See the instructions and complete the worksheet on Page 7 p	orior to completing DE Schedu	le I.	
Enter the credit in HIGHEST to LOWEST amount order.	ſ		
1. Tax imposed by State of (enter 2 character state	e name) 1	00	938 00
2. Tax imposed by State of (enter 2 character state	e name) 2	00	00
3. Tax imposed by State of ———— (enter 2 character state		00	00
4. Tax imposed by State of ——— (enter 2 character state	e name) 4	00	00
5. Tax imposed by State of ——— (enter 2 character state		00	00
6. Enter the total here and on EZ Return, Line 10 or Resident	Return, Line 10. You must	1	
attach a copy of the other state return(s) with your Dela	aware tax return 6	00	938 00
DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)			
Complete the Earned Income Tax Credit for each child YOU CLAIM	IED the Earned Income Credit for	on your federal return.	
Qualifying Child Information	CHILD 1	С	HILD 2
7. Child's Name (First and Last Name) 7			
8. Child's SSN 8			
9. Child's Year of Birth			
10 Delaware State Income Tay from Line 9 (onter higher tay or	mount from Column A or B)	10	00

See the instructions on Page 8 for ALL required documentation to attach.

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)........ 10

14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

11. Federal earned income credit from Federal Form 1040, Line 64a;

A . Non-Game Wildlife	00	F.	Organ Donations	00	
B . U.S. Olympics	00	G.	Diabetes Educ.	00	
C . Emergency Housing	00	Н.	Veteran's Home	00	
D. Children's Trust	00	1.	DE National Guard	00	
E. Breast Cancer Educ.	00	J.	Juv. Diabetes Fund	00	

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



All other filings statuses

00

00

00

	a Employee's social security number								
222222	a Employee 3 300iai 3county humber	OMB No. 154	45-0008						
b Employer identification number	r (EIN)		1 Wa	ges, tips, other compensation	2 Fede	ral income tax withheld			
518894956				30,567		4,209			
c Employer's name, address, and			3 So	cial security wages 30,567	4 Socia	al security tax withheld 1,200			
John CPA Compa	•		5 Medicare wages and tips 6 Medicare tax withheld						
25 Computer Stre	et			800					
Philadelphia, PA			7 So	cial security tips	8 Alloc	ated tips			
d Control number			9 Ad	vance EIC payment	10 Depe	ndent care benefits			
e Employee's first name and init	ial Last name	Suff.	11 No	nqualified plans	12a				
Test Johnson					o d e				
2610 Walnut Stree	<u>o</u> t		13 Statuto	ory Retirement Third-party yee plan sick pay	12b	I			
					o d e				
New Castle, DE 1	9720		14 Otl	ner	12c				
					12d				
					120 C				
f Employee's address and ZIP of	code					1			
15 State Employer's state ID nu	mber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name			
PA 51889495	30567	938							

Wage and Tax
Statement
Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return.

9008

Department of the Treasury-Internal Revenue Service

2008 7	DELAWARE INDIVIDUAL RESI INCOME TAX RETURN	DENT	L	DO NOT WRITE	OR S	TAPLE IN T	HIS AREA	
	FORM 200-03 EZ							
or Fiscal year beginning —— Your Social Security No.	and ending Spouse's Social Security No	<u> </u>						
Tour Coolar Coolary No.	opodoo o oooda ooodany na	J.						
(Attach Label Here) DO NO	T COVER SOCIAL SECURITY NUI	MBERS						
Your Last Name		Jr., Sr., III., etc.						
MOUSE Spouse's Last Name	MINNIE Spouse's First Name	Jr., Sr., III., etc.						
Spouse's Last Name	Spouse's First Name	JI., SI., III., etc.						
Present Home Address (Number and 120 DISNEY STREET	Street) Ap	t. #						
City	State Zip	Code						
BRIDGEVILLE	DE	<u> 19933</u>						
FILING STAT	TUS (MUST CHECK ONE)		If you were a pa	art-year resident in 20	08, give	the dates you re	sided in Delaware.	
1. Single, Divorced, 2	. Joint 5. Hea	d of	_	1	_	1	0000	
Widow(er)		sehold	From Month	2008 Day	То	Month	2008 n Day	
CHECK IF: YOU WERE 65 (OR OVER BLIND	CHECK		WAS 65 OR OVER	۲ 🗌	BLIND	7	
							90,564	00
	FEDERAL RETURN (See inst		,				12,500	
	sion (See instructions on bac Income. Subtract Line 2 from						78,064	-
Standard Deduction:	Filing Statuses 1 & 5 Enter \$32				3		78,064	100
i. Otandara Boddotton.	Filing Status 2 Enter \$6500				4		3,250	00
5. ADDITIONAL STANDARD	DEDUCTION FROM WORKSH						2,500	
6. Add Lines 4 and 5					6		5,750	_
7. Subtract Line 6 from Line	3. This is your TAXABLE INCOM	1 ⊏					3,730	00
	ount or Use the Tax Table				7		72,314	00
-	ole/Schedule						3,676	
	ns claimed on Federal Return						110	
9b. CHECK BOX(ES): If you	5.7		0 or over (Filing S					100
` , .	ecked X \$110	•	, ,	· —	9b		110	00
	(Must attach o							00
	it. See instructions on Page 8							00
	redits. Add Lines 9a, 9b, 10 &							+
	12 from Line 8 and enter here. If						220 3,456	_
	Attach W-2s/1099s)	•		` ,				1
·	Extension Payments						3,000	
								00
	s. Add Lines 14 and 15 and en							00
	3 is greater than Line 16, subtraction						456	+
	6 is greater than Line 13, subtra							00
19. CONTRIBUTIONS TO SPI	ECIAL FUNDS DE Schedule I	II <u>must</u> be co	mpleted and atta	ached	19			00
20. AMOUNT OF LINE 18 TO	BE APPLIED TO 2009 ESTIMA	ATED TAX AC	COUNT	ENTER	₹ > 20			00
21. PENALTIES AND INTERE	ST DUE. If Line 17 is greater the	nan \$400, see	estimated tax ins	tructionsENTEF	₹ > 21			00
	d Lines 17, 19 and 21 and enter						456	_
23. NET REFUND. Subtract L	ines 19, 20 and 21 from Line 18	3	ZERO DUE/	TO BE REFUNDED	> 23			00
DIRECT DEPOSIT INFORMATION or savings account, complete box	If you would like your refund	d deposited dire	ectly to your check	king				
			_	T				\neg
a. Routing Number	b. Ty	/pe: Cr	necking S	avings		DATE OF		
c. Account Number					SF	POUSE	TAXPAYER	
					Month /	Day / Year	Month / Day / Yea	r
MOTE: If your refund is ad mailed to the address on y	justed by \$10.00 or more, a p our return.	aper check w	/ill be issued an	ıd L				
Under penalties of perjury, I declar		, including acco	ompanying schedu	lles and statements,	and bel	ieve it is true, c	orrect and complete).
Your Signature	Date	Signature of	Paid Preparer	Date		EIN,SSN or PTI	IN	
X		X						
Spouse's Signature (If filing joint)	Date	Address				Zip Code		
Home Phone	Business Phone	Business Ph	one					
Email Address		Email Addros						

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE	Spouse Informat		You or You plus Spor	
See the instructions and complete the worksheet on Page 7 prior to completing DE Schedu			22202	
Enter the credit in HIGHEST to LOWEST amount order.				
Tax imposed by State of ———— (enter 2 character state name)		00	(00
2. Tax imposed by State of ————— (enter 2 character state name)		00		00
		00		00
3. Tax imposed by State of (enter 2 character state name)		00		00
·				-
5. Tax imposed by State of ———— (enter 2 character state name)		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return		00	1	00
DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC) Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for Qualifying Child Information	r on your federal		HILD 2	
7. Child's Name (First and Last Name) 7		<u> </u>		
8. Child's SSN				
9. Child's Year of Birth				
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)	10		00	
11. Federal earned income credit from Federal Form 1040, Line 64a;			00	
Form 1040A, Line 40a; Form 1040 EZ, Line 8a	11		00	
	1		.20	
12. Delaware EITC Percentage (20%)	12			
12. Delaware EITC Percentage (20%)			00	
			00	

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

Non-Game Wildlife U.S. Olympics	00		Organ Donations Diabetes Educ.	00		
Emergency Housing	00		Veteran's Home	00		
Children's Trust	00	Ι.	DE National Guard	00		
Breast Cancer Educ.	00	J.	Juv. Diabetes Fund	00		

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



	☐ VOID ☐ CORRE	CTI	ΞD							
PAYER'S name, street address	, city, state, and ZIP code	1	Gross distribut	ion	ON	1B No. 1545-0119		Distributions From nsions, Annuities,		
Party ETC 867 Balloon Drive Wilmington, DE 19801		\$ 2a	90,564 Taxable amour	nt		2008		Retirement or Profit-Sharing Plans, IRAs, Insurance		
		\$	90,564			orm 1099-R		Contracts, etc		
		2b	Taxable amour			Total distribution	n 🔲	Copy 1		
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	State, City, or Local		
512222299		\$			\$			Tax Department		
RECIPIENT'S name		5		ibutions	6					
Minnie Mouse			/Designated Rot contributions or insurance premi			appreciation in employer's sec				
		\$			\$					
Street address (including apt. n 120 Disney Street	0.)	7	Distribution code(s)	IRA/ SEP/ SIMPLE	8	Other				
Bridgeville, DE 19933					\$		%			
City, state, and ZIP code		9a	Your percentage distribution	of total %	9b \$	Total employee cor	tributions			
	1st year of desig. Roth contrib.	10	State tax withhe	eld	11	State/Payer's s	tate no.	12 State distribution \$		
		\$			1			\$		
Account number (see instructions)	13 \$	Local tax withhe	eld	14	Name of localit	ty	15 Local distribution \$		
		\$			ļ			\$		

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2008

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	or Fiscal year beginning	and ending	J 1									
Your	Social Security No.	Spouse's Social S	ecurity No.	_								
	(Attach Label Here) DO NO											
	Last Name INSTONE	First Name and Middle	nitial Jr., Sr., III., etc	;.								
	ISP'S Last Name	FRED Spouse's First Name	Jr., Sr., III., et	c.								
		WILMA	J,,,									
Pres	ent Home Address (Number an	d Street)	Apt. #									
City		State	Zip Code									
1.	Single, Divorced, 3.	TUS (MUST CHECK ON Married & Filing	5. Head of	Atta	DE2210 ached	If you were Delaware.		ırt-year resi	dent in 2008	, give th	e dates you resided	l in
2.	Joint 4.	Separate Forms Married & Filing Combine	Household	' [From	onth	Day	<u>2008</u> To	Mont	2008 h Day	-
Colu	ımn A is for Spouse inforn	Separate on this form	only. All other filing	statuse:	s use Col				olumn A		Column B	
1.	DELAWARE ADJUSTED	GROSS INCOME. Ent	er amount from rev	erse sid	e, Line 4	1	1		26,899	00	36,589	00
2a. b.	If you elect the DELAWARE Filing Statuses 1, 3 & 5 Enter Filing Status 2 Enter \$6500 If you elect the DELAWARE Filing Statuses 1, 2, 3 and 5,	\$3250 in Column B Fi in Column B ITEMIZED DEDUCTIONS	ing Status 4 Enter \$32			in Column E	3					
	Filing status 4 enter Itemized	Deductions from reverse s	ide, Line 47 in Columns	s A and B			2		3,250	00	3,250	00
3.	ADDITIONAL STANDARD CHECK BOX(ES)	Column A - if SPOUSE 65 or over Blind	was Colu 65 o	ımn B - if r over	YOU were Blind							
	Multiply the number of boxes (Filing status 4) enter the total	•				1	3			00		00
4.	TOTAL DEDUCTIONS -	• • • • • • • • • • • • • • • • • • • •			A and B 2 3,250 00 3,250 00 ductions - see instructions							
5.	TAXABLE INCOME - Sub	otract Line 4 from Line 1	, and Compute Tax	on this A	mount		5					
			Column A		Colum	ın B]		-		-	100
6. 7.	Tax Liability from Tax Rate Tax on Lump Sum Distrib		930	00	1,4		-					
8.	TOTAL TAX - Add Line	es 6 and 7 and enter h	ere			>	8		930	00	1,480	00
	PERSONAL CREDITS If you	•	•									
9a.	If you use Filing Status 4, enter number of exemption	ns claimed on Federal r	eturn3	X \$110.			9a [110	00	220	00
	On Line 9a, enter the num	•	Column A									
9b.	CHECK BOX(ES) Spo			•		′ I I	oh [00		00
40	Enter number of boxes ch						10			00		00
10.	Tax imposed by State of _									00		00
11. 12.	Vol. Firefighter Co.# - Columbia College Other Non-Refundable College									00		00
13.	Child Care Credit. Must	•	- ,							00		00
14.	Earned Income Tax Cred		•				Г			00	16	
15.	Total Non-Refundable Cre	dits. Add Lines 9a, 9b,	10, 11, 12, 13 & 14	and ente	r here		15		110	00	236	
16.	BALANCE. Subtract Line	15 from Line 8. If Line	15 is greater than L	ine 8, ent	ter "0" (Ze	ero)	16		820	00	1,244	
17.	Delaware Tax Withheld (A	attach W2s/1099s)	900		1,3	00 00	17				,	
18.	2008 Estimated Tax Paid & F	Payments with Extensions		00		00	18					
19.	S Corporation Payments Fo	•		00		00	19		0.00	00	1 200	
20.	TOTAL Refundable Credit						20		900		1,300	
21.							21		0.0	00		00
	CONTRIBUTIONS TO SP	ECIAL FUNDS	•				22		23	00	56	00
2/	AMOUNT OF LINE 22 TO								24			00
2 4 . 25.	PENALTIES AND INTERE								25			00
	NET BALANCE DUE (For		_						26			00
	For all other filing statuses	s, enter Line 21 plus Lin	es 23 and 25									
27.	NET REFUND (For Filing For all other filing statuses,				ZERO DL	JE/IO BÉ	KEF	UNDED >	27		136	00
	J	.,										
								100000000000000000000000000000000000000				

2008 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTE	D GROSS INCOM	E					Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
SECTION A - ADDITIONS (+) 28. Enter Federal AGI amount from Federal 1040, Lin	ne 37; 1040A, Line 21;	or 1040	EZ, Line 4			28	26,899 (0 36,859 00
29. Interest on State & Local obligations other th								00
30. Fiduciary adjustment, oil depletion								00
31. TOTAL - Add Lines 29 and 30						· 31		00
32. Subtotal. Add Lines 28 and 31		00			00	32		
SECTION B - SUBTRACTIONS (-) 33. Interest received on U.S. Obligations						. 33	С	00
34. Pension/Retirement Exclusions (For a definition						34	C	00
 Delaware State tax refund, Delaware lottery, fi Travelink Program, Delaware NOL Carry forw 			•			35	С	00
•	•		_				C	00
 Taxable Soc Sec/RR Retirement Benefits/Higher SUBTOTAL. Add Lines 33, 34, 35 and 36 ar 		•	,		• ,		0	00
		100			00	. 37 38		
38. Subtotal. Subtract Line 37 from Line 3239. Exclusion for certain persons 60 and over or or								00 00
39. Exclusion for certain persons 60 and over or 40. TOTAL - Add Lines 37 and 39	,		,					00 00
								00 00
41. DELAWARE ADJUSTED GROSS INCOME. Subtr				,				1 1 1 1
SECTION C - ITEMIZED DEDUCTIONS (MUST allocate deductions between spouses, you must be seen spouses).					ımns A	and	B are used and you a	e unable to specifically
42. Enter total Itemized Deductions from Schedu	-					42	C	00
43. Enter Foreign Taxes Paid (See instructions of	,	,					C	00
44. Enter Charitable Mileage Deduction (See ins							С	00
45. SUBTOTAL Add Lines 42, 43, and 44 and							C	00
46a. Enter State Income Tax included in Line 42 a							C	00
46b. Enter Form 700 Tax Credit Adjustment (See							С	00
47. TOTAL - Subtract Line 46a and 46b from Line 45							C	00
SECTION D - DIRECT DEPOSIT INFORMATIO to your checking or savings account, complete be	N If you would like y	our ref	und deposi	ted dir	ectly	'		
to your oncoming or cavings account, complete an			mon donom		rano.		DATE (OF DEATH
a. Routing Number	b. Type		Checking		Savings	3	Column A	Column B
				_			SPOUSE	TAXPAYER
c. Account Number							, ,	, ,
NOTE: If your refund is adjusted by \$1 mailed to the address on your return.	0.00 or more, a pap	er che	ck will be i	ssued	l and		Month Day Year	Month Day Year
BE SURE TO SIGN Y	OUD DETUDN R	EI O\	N AND K	FED	۸ ۲۸	OV E	OP VOLID DECOR	ne
Under penalties of perjury, I declare that I have exam								
Your Signature	Date	uiliy ac	Signature				Date	true, correct and complete
Tour Signature	Date		Signature	OI F ai	и гтера	ıcı	Date	
Spouse's Signature (if filing joint or combined return	n) Date		Address-2	Zip Cod	de			
Home Phone	Business Phone		Business	Phone	1		EIN, SSN	OR PTIN
E-Mail Address			E-Mail Ad	dress				
MAIL REFUND DUE RETURNS TO: DELAW, MAIL ZERO DUE RETURNS TO: DELAW, If a 2D barcode (black and white box) DOES NOT appe MAKE CHECKS PAYABLE AND MAIL TO: DELAW,	ARE DIVISION OF REV ARE DIVISION OF REV ARE DIVISION OF REV ear in the upper right ha ARE DIVISION OF REV	ENUE, ENUE, ENUE, nd corn ENUE,	P.O. BOX 87 P.O. BOX 87 P.O. BOX 87 er of page 1 P.O. BOX 50	53, WIL 10, WIL 11, WIL of this 1 8, WILI	MINGTO MINGTO MINGTO Form, ser MINGTO	ON, D ON, D ON, D nd the N, DE	ELAWARE 19899-8753 ELAWARE 19899-8710 ELAWARE 19899-8711 return to one of the follow	

DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

MAIL ZERO DUE RETURNS TO:

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

<u>DE</u>	SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE	Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
See	the instructions and complete the worksheet on Page 7 prior to completing DE Schedu	ile I.	
Er	ter the credit in HIGHEST to LOWEST amount order.		
1.	Tax imposed by State of (enter 2 character state name) 1	00	00
2.	Tax imposed by State of ———— (enter 2 character state name)	00	00
3.	Tax imposed by State of ———— (enter 2 character state name)	00	00
4.	Tax imposed by State of ———— (enter 2 character state name) 4	00	00
5.	Tax imposed by State of ———— (enter 2 character state name) 5	00	00
6.	Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must		
	attach a copy of the other state return(s) with your Delaware tax return6	00	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information	CHILD 1	CHILD 2	
7. Child's Name (First and Last Name) 7	FRED FLINSTONE JR.		
8. Child's SSN			
9. Child's Year of Birth			
10. Delaware State Income Tax from Line 8 (enter higher tax	amount from Column A or B) 10	1,480	00
11. Federal earned income credit from Federal Form 1040, I	ine 64a;	82	00
Form 1040A, Line 40a; Form 1040 EZ, Line 8a	11		
12. Delaware EITC Percentage (20%)		.20	
13. Multiply Line 11 by Line 12	13	16	00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here	•	16	00
or Resident Return, Line 14	14	16	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

Non-Game Wildlife		00	F.	Organ Donations	00		
B. U.S. Olympics		00	G.	Diabetes Educ.	00		
Emergency Housing		00	Η.	Veteran's Home	00		
Children's Trust		00	Ι.	DE National Guard	00		
Breast Cancer Educ.		00	J.	Juv. Diabetes Fund	00		
nter the total Contribution a	mount here a	nd on	E7 D	aturn Lina 10			

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



b Employer identification number (EIN) b Employer identification number (EIN) 511136789 c Employer's name, address, and ZIP code Martha's Catering Service 321 Potts Street Bear, DE 19970 d Control number e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 d Employee's address and ZIP code I Employee's address and ZIP code A Employee's first name and ZIP code OMB No. 1545-0008 1 Wages, tips, other compensation 26,899 3,654 4 Social security tax withheld 26,899 5 Medicare wages and tips 26,899 770 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a 12a 13 Statutory Retirement Intid-party plan Six party plan Si		- F						
b Employer identification number (EIN) 511136789 c Employer's name, address, and ZIP code Martha's Catering Service 321 Potts Street Bear, DE 19970 d Control number e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 1 Wages, tips, other compensation 26,899 3,654 2 Federal income tax withheld 26,899 1,800 5 Medicare wages and tips 26,899 770 7 Social security tax withheld 26,899 770 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a	22222	a Employee's social security number						
Signature Sign	222222		OMB No. 154	5-0008				
c Employer's name, address, and ZIP code Martha's Catering Service 321 Potts Street Bear, DE 19970 d Control number e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 d Social security wages 26,899 f Medicare wages and tips 26,899 770 7 Social security tips 8 Allocated tips s Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a 13 Statutory employee gian minimal plan gian gian gian gian gian gian gian gi	b Employer identification number (E	EIN)		1 Wa	ges, tips, other compensation	2 Fed	leral income t	ax withheld
Martha's Catering Service 321 Potts Street Bear, DE 19970 d Control number e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 Medicare wages and tips 26,899 770 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a 9 Advance EIC payment 11 Nonqualified plans 12a 13 Statutory Retirement Third-party plan Sick pay 12b 13 Statutory Plan Sick pay 12c 14 Other 14 Other	511136789				26,899		3,65	4
Martha's Catering Service 321 Potts Street Bear, DE 19970 5 Medicare wages and tips 26,899 770 7 Social security tips 8 Allocated tips d Control number 9 Advance EIC payment 10 Dependent care benefits Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 14 Other 15 Medicare wages and tips 26,899 770 1 Nonqualified plans 10 Dependent care benefits 11 Nonqualified plans 12a 8 Allocated tips 12a 9 Advance EIC payment 11 Nonqualified plans 12a 9 Advance EIC payment 12a 9 Advance EIC payment 11 Nonqualified plans 12a 13 Statutory Retirement Third-party sick pay 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c Employer's name, address, and 2	ZIP code		3 So	cial security wages	4 Soc	cial security ta	x withheld
321 Potts Street Bear, DE 19970 Total security tips Social secu	Month old Cotoning C	Nam da			26,899		1,80	0
321 Potts Street Bear, DE 19970 7 Social security tips 8 Allocated tips d Control number 9 Advance EIC payment 10 Dependent care benefits Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 13 Statutory Retirement Third-party plan Sick pay plan S	ı	service		5 Me	dicare wages and tins	6 Med	dicare tax wit	hheld
Bear, DE 19970 7 Social security tips 8 Allocated tips 8 Allocated tips 8 Allocated tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 13 Statutory employee plan sick pay 14 Other 12c 12d 12d 12d 12d 12d 12d 12d	321 Potts Street			0 1110	• ,	0 11100		
d Control number e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 Dependent care benefits 10 Dependent care benefits 11 Nonqualified plans 12a 13 Statutory Retirement Third-party plan Sick pay 12b 2 a 14 Other 12c 12d 2 a 12d 2 a 12d 3 a 12d 4 a 12d	Bear DF 19970			- 0		0 4"		,
e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 Suff. 11 Nonqualified plans 12a 13 Statutory employee plan Third-party sick pay 14 Other 14 Other 12d 12d 12d 12d				7 50	cial security tips	8 Allo	cated tips	
e Employee's first name and initial Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 Suff. 11 Nonqualified plans 12a 13 Statutory employee plan Third-party sick pay 14 Other 14 Other 12d 12d 12d 12d								
Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 13 Statutory Retirement Third-party Sick pay Plan Plan	d Control number			9 Ad	vance EIC payment	10 Dep	pendent care	benefits
Wilma Flinstone 112 Bedrock Street Seaford, DE 19973 13 Statutory Retirement Third-party Sick pay Plan Plan								
VVIIma Filnstone 112 Bedrock Street Seaford, DE 19973 13 Statutory Retirement Third-party sick pay 14 Other 12c 12d	e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	C	1	
112 Bedrock Street Seaford, DE 19973 13 Statutory employee Petirement plan sick pay 12b 12c 12d 12d	Wilma Flinstone					o d e		
Seaford, DE 19973 Compared to the content of the				13 Statute employ	ory Retirement Third-party yee plan sick pay	12b		
14 Outer 120						o d		
	Seaford, DE 19973			14 Ot	ner	12c		
						Cod		
						12d		
ė .						C		
f Employee's address and ZIP code						ė		
	· · ·				T			T
	l ' '	, , , ,		e tax	18 Local wages, tips, etc.	19 Local in	ncome tax	20 Locality name
DE 511136789 26899 900	DE 511136789	26899	900					

Form W-2 Wage and Tax Statement

9008

Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

		a Employe	e's social security number						
	222222	a Linployed	c 3 300iai 3county humber	OMB No. 15	45-0008				
h Emp	loyer identification number	(EINI)		ONID NO. 10		ages, tips, other compensation	2 F	ederal income t	av withheld
	69987	(ட114)			" "	36.859	- '	5.77	
						,		- 1	
c Emp	loyer's name, address, and	ZIP code			3 Sc	cial security wages	4 S	ocial security to	
Da	nny Plumbing S	ervice				36,859		2,50	0
	•	01 1100			5 Me	edicare wages and tips	6 M	edicare tax wit	hheld
	4 Pipe Lane					36,859		1,50	0
Ne	wark, DE 19702) -			7 Sc	cial security tips	8 A	located tips	
d Cont	rol number				9 Ac	vance EIC payment	10 D	ependent care	benefits
e Emp	loyee's first name and initia	ıl Last	name	Suff.	11 No	onqualified plans	12a		
⊑r,	ed Flinstone						Cod		
					13 Statut	ory Retirement Third-party yee plan sick pay	12b		
	2 Bedrock Stree	-			emple	yee plan sick pay	Cod		
Se	eaford, DE 19973	3			14 Ot	hor	12c		
	•				14 00	nei	C		
							е		
							12d	1	
							o d e		
f Emp	loyee's address and ZIP co	de							
15 State	Employer's state ID nun	nber	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local	income tax	20 Locality name
DE	516669987	7	36859	1300)				

W-2 Wage and Tax
Statement
Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return.

2008

Department of the Treasury-Internal Revenue Service

2008

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

		FORM 200-	01										
	or Fiscal year beginning	and ending _											
Your	Social Security No.	Spouse's Social S	ecurity	No.									
	(Attach Label Here) DO NO	COVER SOCIAL SECUI	RITY NI	IMBERS									
Your	Last Name	First Name and Middle		Jr., Sr., III., etc.	•								
JE	TSON	JANE											
Spou	se's Last Name	Spouse's First Name		Jr., Sr., III., etc.									
Pres	ent Home Address (Number and	Street)	Δ	t. #									
	1 SPACESHIP BLVD	,	, ,	pt. //									
City	LITT MINGHON	State	Zi	p Code	•								
	WILMINGTON ELLING STATE		<u></u>	<u> 19804</u>		16.			4		1000 - 1 - 11	L. data	4.1.
1.	Single, Divorced, 3.	Married & Filing	^{1⊏)} 5. [Head of	Form DE2210 Attached		ou were aware.	a pa	rt-year resid	ent in 2	1008, give ti	he dates you resided	d in
. L		Separate Forms		△ Household		Fror	n		2	2008	То	2008	
2.		Married & Filing Combine Separate on this form	d					nth	Day			th Day	_
Colu	ımn A is for Spouse inform	ation, Filing Status 4	only.	All other filing s	statuses use C	olumn	В.	П	Со	lumn A	4	Column B	
1.	DELAWARE ADJUSTED O	GROSS INCOME. Ent	er amo	ount from reve	rse side. Line	41		. 1			00	25,689	T00
	If you elect the DELAWARE S					***********		-			1001	23,009	100
Za.	Filing Statuses 1, 3 & 5 Enter S			tus 4 Enter \$3250		nd in Co	lumn E	3					
	Filing Status 2 Enter \$6500 in				Y								
b.	If you elect the DELAWARE I Filing Statuses 1, 2, 3 and 5, 6				17 in Column B			L					
	Filing status 4 enter Itemized [Deductions from reverse s	ide, Lin	e 47 in Columns /	A and B			2			00	6,797	00
3.	ADDITIONAL STANDARD	DEDUCTIONS (Not All Column A - if SPOUSE			luctions - see i In B - if YOU w		ons)						
	OTILOTE BOX(LO)	65 or over Blind	was	65 or 0									
	Multiply the number of boxes of	checked above by \$2500.	lf you	are filing a combi	ned separate ret	urn		_			00		00
	(Filing status 4) enter the total							3			00		00
4. 5.	TOTAL DEDUCTIONS - A							-+			00	6,797	
J.	TAXABLE INCOME - Subt	ract Line 4 from Line	, and	Collipute Tax of		umn B		. 5			00	18,892	00
6.	Tax Liability from Tax Rate	Tahle/Schedule			00	687	00	6					
7.	Tax on Lump Sum Distribut				00		00	7					
8.	TOTAL TAX - Add Lines	` ,	ere				>	8			00	687	00
	PERSONAL CREDITS If you	•		•							100		100
00	If you use Filing Status 4, enter Enter number of exemption	• • • • • • • • • • • • • • • • • • • •			enter total in Co X \$110			00 F			00		00
Ja.	On Line 9a, enter the numb		etuiii .	Column A	Column B			эа _			00	220	00
9b.	CHECK BOX(ES) Spor	•	1 A)		over (Column	B) [٦	_					
	Enter number of boxes che	ecked on Line 9b		 X \$110				9b			00		00
10.											00	312	00
11.	Vol. Firefighter Co.# - Colu	mn A(Filing Statu	s 4 onl	y) Column B_	Enter cr	edit am	ount	11			00		00
12.	Other Non-Refundable Cre	edits (see instructions	on Pa	ge 7)				12			00		00
13.	Child Care Credit. Must at	•		•		,					00		00
14.	Earned Income Tax Credit		_					⊢			00	342	-
15.	Total Non-Refundable Cred							∟			00	874	-
16.	BALANCE. Subtract Line										00	0	00
17.	Delaware Tax Withheld (At	•			00	225	00						
18.	2008 Estimated Tax Paid & Pa	•			00			18					
19.	S Corporation Payments For				00		00	19			00	225	100
20.	TOTAL Refundable Credits							20			00	225	+
21.	BALANCE DUE. If Line 16							21			00	225	00
22.	OVERPAYMENT. If Line 2 CONTRIBUTIONS TO SPE		ıb, sul	otract 16 from 2	u and enter he	re	>	22			00	225	00
	If electing a contribution		DE S	Schedule III						23			00
24.	AMOUNT OF LINE 22 TO	BE APPLIED TO 2009	ESTI	MATED TAX A	CCOUNT			Ī	ENTER >	24			00
25.	PENALTIES AND INTERES		_						L	25			00
26.	NET BALANCE DUE (For For all other filing statuses,						P	AY IN	I FULL>	26			00
27.	NET REFUND (For Filing	Status 4, see instruction	ns, pa	ge 9)	ZERO	DUE/TO) BE	REFU	JNDED >	27		225	00
	For all other filing statuses,	subtract Lines 23, 24 ar	d 25 fr	om Line 22									
									4 1 8 8 4 1 1 8 1 8 1				

2008 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTE	D GROSS INCOM	E					Filing Status 4 ONLY Spouse Information COLUMN A	All other filings sta You or You plus S COLUMN B	pouse
SECTION A - ADDITIONS (+)						ا ۵۰	1	- 1	T 1
28. Enter Federal AGI amount from Federal 1040, Li	ne 37; 1040A, Line 21;	or 1040	EZ, Line 4			28		0 25,687	00
29. Interest on State & Local obligations other the	an Dolawaro						0	0	00
30. Fiduciary adjustment, oil depletion						- 1	0		00
31. TOTAL - Add Lines 29 and 30								0	00
32. Subtotal. Add Lines 28 and 31							0	0	00
		00			00	32			
SECTION B - SUBTRACTIONS (-) 33. Interest received on U.S. Obligations						33	0	0	00
34. Pension/Retirement Exclusions (For a definit								0	00
35. Delaware State tax refund, Delaware lottery, fi Travelink Program, Delaware NOL Carry forw	duciary adjustment, w	ork opp	ortunity tax	credit			0	0	00
36. Taxable Soc Sec/RR Retirement Benefits/Higher	Educ. Excl/Certain Lun	np Sum	Dist. (See i	nstr. or	n Pg 11)	. 36	0	0	00
37. SUBTOTAL. Add Lines 33, 34, 35 and 36 at	nd enter here					37	0	0	00
38. Subtotal. Subtract Line 37 from Line 32		00			00	38	·	·	
39. Exclusion for certain persons 60 and over or	disabled (See instructi	ons on	Page 11)			39	0	0	00
40. TOTAL - Add Lines 37 and 39						40	0	0	00
41. DELAWARE ADJUSTED GROSS INCOME. Subt	ract line 40 from Line 32	2. Enter	here and on	Front,	Line 1	41	0	0	00
SECTION C - ITEMIZED DEDUCTIONS (MUST	ATTACH FEDERAL	. SCHI	EDULE A)	f Colu	ımns A	and	B are used and you ar	e unable to specifi	cally
allocate deductions between spouses, you m	•					Г		0	
42. Enter total Itemized Deductions from Schedu								0 7,334	-
43. Enter Foreign Taxes Paid (See instructions	on Page 11)					43	0		00
44. Enter Charitable Mileage Deduction (See ins	tructions on Page 11)					. 44	0		00
45. SUBTOTAL Add Lines 42, 43, and 44 and	I enter here					45	0	_	00
46a. Enter State Income Tax included in Line 42 a	bove (See instructions	on Pa	age 11)			46a	0		
46b. Enter Form 700 Tax Credit Adjustment (See	instructions on Page	11)				46b	0	_	00
47. TOTAL - Subtract Line 46a and 46b from Line 4	5. Enter here and on Fr	ont, Lin	e 2 (See ins	tructior	ns)	47	0	0 6,797	00
SECTION D - DIRECT DEPOSIT INFORMATIO to your checking or savings account, complete b									_
a. Routing Number	b. Type:		Checking		Savings		DATE C	F DEATH	
a. Rodding Rambol	Б. Турс.	ш	Oncoming	ш	Ouvingo		Column A	Column B	
c. Account Number		П					SPOUSE	TAXPAYER	4
		1 1					Month Day Year	Month Day Year	
NOTE: If your refund is adjusted by \$1	0.00 or more, a pape	er che	ck will be i	ssued	and		World Day real	World Day Tear	_
mailed to the address on your return.									
BE SURE TO SIGN Y	OUR RETURN B	ELOV	V AND K	EEP.	A COP	ΥF	OR YOUR RECOR	DS	
Under penalties of perjury, I declare that I have exar	nined this return, inclu	ding ac	companying	sched	dules and	stat	ements, and believe it is	true, correct and com	plete.
Your Signature	Date		Signature	of Pai	d Prepar	er	Date		
Spouse's Signature (if filing joint or combined return	,		Address-Z						
Home Phone	Business Phone		Business	Phone			EIN, SSN	OR PTIN	
E-Mail Address	I		E-Mail Ad	dress					
MAIL REFUND DUE RETURNS TO: DELAW. MAIL ZERO DUE RETURNS TO: DELAW. If a 2D barcode (black and white box) DOES NOT appe	ARE DIVISION OF REVI ARE DIVISION OF REVI ARE DIVISION OF REVI	ENUE, ENUE, ENUE, and corn	P.O. BOX 87 P.O. BOX 87 P.O. BOX 87 er of page 1	53, WIL 10, WIL 11, WIL of this 1	MINGTO MINGTO MINGTO form, sen	ON, DI ON, DI ON, DI d the	ELAWARE 19899-8753 ELAWARE 19899-8710 ELAWARE 19899-8711 return to one of the follow		
							ELAWARE 19899-8765		

DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

MAIL ZERO DUE RETURNS TO:

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

<u>DE</u>	SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE	Spouse Information COLUMN A	You or You plus Spouse COLUMN B
See	the instructions and complete the worksheet on Page 7 prior to completing DE Schedu	ıle I.	
Er	ter the credit in HIGHEST to LOWEST amount order.		
1.	Tax imposed by State of (enter 2 character state name) 1	00	00
2.	Tax imposed by State of (enter 2 character state name) 2	00	00
3.	Tax imposed by State of ———— (enter 2 character state name)	00	00
4.	Tax imposed by State of ———— (enter 2 character state name) 4	00	00
5.	Tax imposed by State of ———— (enter 2 character state name) 5	00	00
6.	Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must		
	attach a copy of the other state return(s) with your Delaware tax return6	00	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qua	alifying Child Information	CHILD 1	CHILD 2	
	Child's Name (First and Last Name)	BOBBY JETSON		
	Child's SSN			
9.	Child's Year of Birth	01-14-1997		
10.	Delaware State Income Tax from Line 8 (enter higher tax a	amount from Column A or B) 10	687	00
11.	Federal earned income credit from Federal Form 1040, Li Form 1040A, Line 40a; Form 1040 EZ, Line 8a	•	1,711	00
12.	Delaware EITC Percentage (20%)		.20	
13.	Multiply Line 11 by Line 12	13	342	00
14.	Enter the Smaller of Line 10 or Line 13 above. Enter here or Resident Return, Line 14		342	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

Non-Game Wildlife		00	F.	Organ Donations	00		
B. U.S. Olympics		00	G.	Diabetes Educ.	00		
Emergency Housing		00	Η.	Veteran's Home	00		
Children's Trust		00	Ι.	DE National Guard	00		
Breast Cancer Educ.		00	J.	Juv. Diabetes Fund	00		
nter the total Contribution a	mount here a	nd on	E7 D	aturn Lina 10			

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



		_				
	a Employee's social security number					
222222		OMB No. 154	45-0008			
b Employer identification number	(EIN)		1 Wa	ages, tips, other compensation	2 Federal income	tax withheld
512227733				25,689	3,4	74
c Employer's name, address, and	I ZIP code		3 So	cial security wages	4 Social security	tax withheld
TWA				25,689	65	50
			5 Me	edicare wages and tips	6 Medicare tax v	rithheld
978 Express Drive				25,689	45	i0
Milford, DE 19963			7 So	ocial security tips	8 Allocated tips	
d Control number			9 Ad	Ivance EIC payment	10 Dependent car	e benefits
e Employee's first name and initia	al Last name	Suff.	11 No	onqualified plans	12a	
Jane Jetson					o d e	
			13 Statut	ory Retirement Third-party yee plan sick pay	12b	
111 Spaceship Bly					d e	
Wilmington, DE 19	9804		14 Ot	her	12c	
					C od	
					12d	
					C o d	
f Employee's address and ZIP co	nde.				е	
15 State Employer's state ID nur		17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
PA 51222773		312				,
				-		
DE 51222773	3 25689	225		25689	125	

Form W-2 Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2008

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	or Fiscal year beginning	and ending —											
Your	Social Security No.	Spouse's Social S	ecurity No.	_									
		_											
	(Attach Label Here) DO NOT			_									
HE	Last Name	First Name and Middle I	nitial Jr., Sr., III., etc.										
	se's Last Name	Spouse's First Name	Jr., Sr., III., etc	<u>-</u>									
		BETTY											
	ent Home Address (Number and	•	Apt. #										
15 City	06 MONTGOMERY RO	OAD State	Zip Code	_									
City	WILMINGTON	DE	19805										
1.	Single, Divorced, 3.	US (MUST CHECK ON Married & Filing	E) 5. Head of Household	Form DE2 Attache	2210 5	f you were Delaware.	a pa	rt-year resi	dent in 2008	, give th	ne dates you res	ided ii	n
2.	Joint 4.	Separate Forms Married & Filing Combine Separate on this form			F	rom	nth	Day	2008 To	Mont	h Day	800	
Colu	ımn A is for Spouse informa	•	only. All other filing	statuses us	se Colur	mn B.	П	Co	olumn A		Column	В	
1.	DELAWARE ADJUSTED G	ROSS INCOME. Ent	er amount from rev	erse side, l	_ine 41 .		. 1		20,053	00	17,5	44	00
2a.	If you elect the DELAWARE S												
	Filing Statuses 1, 3 & 5 Enter \$ Filing Status 2 Enter \$6500 in		ing Status 4 Enter \$325	0 in Column	A and in	Column E	3						
	If you elect the DELAWARE IT		check here	\square									
b.	Filing Statuses 1, 2, 3 and 5, e Filing status 4 enter Itemized D				n B		2		3,250	00	3,2	50	00
3.	ADDITIONAL STANDARD		·		oo instru	ctions)			3,250	00	3,43	30	00
0.	CHECK BOX(ES)	Column A - if SPOUSE	was Colu	nn B - if YO	U were_								
		55 or over Blind	65 or		Blind								
	Multiply the number of boxes c (Filing status 4) enter the total	•					3			00			00
4.	TOTAL DEDUCTIONS - A						4		3,250	00	3,2	50	00
5.	TAXABLE INCOME - Subtr	ract Line 4 from Line 1	, and Compute Tax	on this Amo	unt		. 5		16,803	00	14,2	94	00
			Column A		Column	В							
6.	Tax Liability from Tax Rate	Table/Schedule		00	46		6						
7.	Tax on Lump Sum Distribut	, ,		00		00	7						_
8.	TOTAL TAX - Add Lines					>	8		589	00	4 (66	00
	PERSONAL CREDITS If you If you use Filing Status 4, ente	•	-	s enter total i	n Column	В.							
9a.	Enter number of exemption	s claimed on Federal r	eturn8	X \$110			9a [770	00	1:	10	00
	On Line 9a, enter the numb	•	Column A	7 Column						,		'	
9b.	CHECK BOX(ES) Spot			or over (Colu	,		مہ [00			00
	Enter number of boxes che	-					9D 10			00	Δ.	_	00
10.	Tax imposed by State of					•				00			00
11. 12.	Vol. Firefighter Co.# - Colur Other Non-Refundable Cre	, -								00			00
13.	Child Care Credit. Must at									00			00
14.	Earned Income Tax Credit		*			•			33				00
15.	Total Non-Refundable Cred						· · ⊢		803		5'	-	00
16.	BALANCE. Subtract Line 1								0			-	00
17.	Delaware Tax Withheld (At	tach W2s/1099s)	54	00		00	17						
18.	2008 Estimated Tax Paid & Pa	yments with Extensions		00		00	18						
19.	S Corporation Payments Form	m 1100S/A-1 Required		00		00	19						
20.	TOTAL Refundable Credits	. Add Lines 17, 18 ar	d 19 and enter here			>	20		54	00			00
21.	BALANCE DUE. If Line 16	is greater than Line 2	0, subtract 20 from 1	6 and enter	here	>	21			00			00
	OVERPAYMENT. If Line 2		16, subtract 16 from 2	20 and ente	r here	>	22			00			00
23.	CONTRIBUTIONS TO SPE If electing a contribution,		DE Schedule III						23				00
24.	AMOUNT OF LINE 22 TO								24			_	00
25.	PENALTIES AND INTERES								25				00
26.	NET BALANCE DUE (For	Filing Status 4, see in	structions, page 9)						26				00
27	For all other filing statuses, NET REFUND (For Filing S			7FI	RO DITE	/TO RE	RFFI	INDED >	27		,		00
۷1.	For all other filing statuses, s				DUE	, . J DL		ر مادد. ساسال				54	00

2008 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MOI	DIFICATIONS TO FEDERAL ADJUSTE		Filing Status 4 ONLY Spouse Information COLUMN A	′	All other filings star You or You plus Sp COLUMN B						
	TION A - ADDITIONS (+)	07 10101 1: 01	0.4057				28	20,053	00	17 544	
28.	Enter Federal AGI amount from Federal 1040, Li	ne 37; 1040A, Line 21; or 1	040EZ, 1	Line 4			. 20	20,053	00	17,544	[00]
29.	Interest on State & Local obligations other th	nan Delaware					29		00		00
30.	Fiduciary adjustment, oil depletion								00		00
31.	TOTAL - Add Lines 29 and 30								00		00
32.	Subtotal. Add Lines 28 and 31		00			00	32				
SEC	TION B - SUBTRACTIONS (-)						٠.				
33.	Interest received on U.S. Obligations						. 33		00		00
34.	Pension/Retirement Exclusions (For a definition	on of eligible income, se	e instru	uctions	on Pag	ge 10)	. 34		00		00
35.	Delaware State tax refund, Delaware lottery, fi Travelink Program, Delaware NOL Carry forw			•			35		00		00
36.		•		-					00		00
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 ar	•		,		,	1		00		00
38.	Subtotal. Subtract Line 37 from Line 32		00			00	38				
39.	Exclusion for certain persons 60 and over or	disabled (See instructions	on Pag	ge 11)			39		00		00
40.	TOTAL - Add Lines 37 and 39						40		00		00
41.	DELAWARE ADJUSTED GROSS INCOME. Subtr	ract line 40 from Line 32. Er	nter here	and on	Front, I	Line 1	41	20,053	00	17,544	00
SEC	TION C - ITEMIZED DEDUCTIONS (MUST	ATTACH FEDERAL SO	CHEDU	LE A) I	f Colu	mns A	and			unable to specific	cally
	cate deductions between spouses, you m	•					[00		
42.	Enter total Itemized Deductions from Schedu								00		00
43.	Enter Foreign Taxes Paid (See instructions of			00		00					
44.	Enter Charitable Mileage Deduction (See ins			00		00					
	SUBTOTAL Add Lines 42, 43, and 44 and								00		00
	Enter State Income Tax included in Line 42 a								00		00
	Enter Form 700 Tax Credit Adjustment (See								00		00
47.	TOTAL - Subtract Line 46a and 46b from Line 45	5. Enter here and on Front,	Line 2 ((See inst	ructions	s)	47		00		00
	TION D - DIRECT DEPOSIT INFORMATIO our checking or savings account, complete be			•		•					
to ye	our checking of savings account, complete b	T T T = =	_	uctions	—	ians.		DATE	ΩE	DEATH	1
	a. Routing Number	b. Type:	Che	ecking		Savings		Column A			1
					_			SPOUSE	+	Column B TAXPAYER	1
	c. Account Number							, ,	\top	, ,	1
	NOTE: If your refund is adjusted by \$1	0.00 or more, a paper c	heck w	vill be is	ssued	and		Month Day Ye	ar M	Month Day Year]
	mailed to the address on your return.	order or more, a paper o									
	BE SURE TO SIGN Y	OUD DETUDN REL	∩W ∧	ND KI	EED /	\ COP	VE	OB VOLID BECC	חסו	2	
Unde	er penalties of perjury, I declare that I have example to the state of perjury.										nlete
	Signature	Date	<u> </u>	gnature				Date	. 15 11 4	c, correct and com	picto.
	oig.iaia.o	24.0	0.5	9.14.4.0	011 010	ора.	0.	24.0			
Spor	ise's Signature (if filing joint or combined return	n) Date	Ad	ddress-Z	ip Cod	е					
Hom	e Phone	Business Phone	Bu	usiness	Phone			EIN, SS	SN OF	R PTIN	
E-Ma	ail Address		E-I	Mail Add	dress						
	D barcode (black and white box) appears in the up		~					•			
		ARE DIVISION OF REVENU ARE DIVISION OF REVENU									
		ARE DIVISION OF REVENU					-				
	D barcode (black and white box) DOES NOT appe								owing	addresses:	

DELAWARE DIVISION OF REVENUE, P.O. BOX 8765, WILMINGTON, DELAWARE 19899-8765

DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

MAIL REFUND DUE RETURNS TO: MAIL ZERO DUE RETURNS TO:

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY

All other filings statuses

DE	SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE	Spouse Information COLUMN A	You or You plus Spo COLUMN B	ouse
See	the instructions and complete the worksheet on Page 7 prior to completing DE Schedu	ile I.		
Er	ter the credit in HIGHEST to LOWEST amount order.			
1.	Tax imposed by State of (enter 2 character state name) 1	00) 466	00
2.	Tax imposed by State of (enter 2 character state name) 2	00)	00
3.	Tax imposed by State of ———— (enter 2 character state name)	00)	00
4.	Tax imposed by State of ———— (enter 2 character state name)	00)	00
5.	Tax imposed by State of ——— (enter 2 character state name) 5	00)	00
6.	Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must			_
	attach a copy of the other state return(s) with your Delaware tax return6	00)	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qua	lifying Child Information	CHILD 1	CHILD 2	
	Child's Name (First and Last Name)			
8.	Child's SSN 8			
9.	Child's Year of Birth			
10.	Delaware State Income Tax from Line 8 (enter higher tax a	amount from Column A or B) 10	589	00
11.	Federal earned income credit from Federal Form 1040, Li	163	00	
	Form 1040A, Line 40a; Form 1040 EZ, Line 8a	11	103	
12.	Delaware EITC Percentage (20%)	12	.20	
13.	Multiply Line 11 by Line 12	13	33	00
14.	Enter the Smaller of Line 10 or Line 13 above. Enter here or Resident Return, Line 14		33	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

B. U.S. Olympics				1 1 -	_		
, · <u> </u>	00	G.	Diabetes Educ.	0	0		
Emergency Housing	00	Η.	Veteran's Home	0	0		
O. Children's Trust	00	Ι.	DE National Guard	0	0		
Breast Cancer Educ.	00	J.	Juv. Diabetes Fund	0	0		
nter the total Contribution amount	hara and ar) - t i 40				

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



		a Employee	e's social security number						
	222222			OMB No. 154	15-0008	l .			
b Emp	loyer identification number	(EIN)			1 V	lages, tips, other compensation	2 Fed	eral income t	tax withheld
5188	94567					17,544		2,25	4
c Emp	loyer's name, address, and	ZIP code			3 S	ocial security wages	4 Soc	ial security to	ax withheld
Διι	ure Technology					17,544		500)
1	9 Park Avenue				5 N	Medicare wages and tips	6 Med	licare tax wit	hheld
		· -				17,544		125	5
La	urelton, PA 2710)/			7 S	ocial security tips	8 Allo	cated tips	
d Cont	trol number				9 A	dvance EIC payment	10 Dep	endent care	benefits
e Emp	loyee's first name and initia	ıl Last	name	Suff.	11 N	lonqualified plans	12a	1	
Bli	ue Hen						o d e		
15	06 Montgomery	Road			13 Stat	utory Retirement Third-party loyee plan sick pay	12b	1	
1	ilmington, DE 19				L	<u> </u>	o d e		
"	iiiiiiigton, DE 19	1005			14 C	Other	12c	1	
							o d e		
							12d	1	
							o d e		
f Emp	loyee's address and ZIP co	de							
15 State	Employer's state ID nun	nber	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name
PA	518894567	7	17544	466					
				[

Form W-2 Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

	a Employee's social security number						
222222	a Employee's social security number	OMB No. 154	15_0008				
h Faralayaridantification ayanlar	(FINI)	ONID IVO. 13-		4:41	0 5-4	eral income t	harrania a la l
b Employer identification number	(EIN)		1 Wa	iges, tips, other compensation	2 Fede		
51-7775926				20,053		2,63	
c Employer's name, address, and	I ZIP code		3 So	cial security wages	4 Soci	al security to	
Burberry Markets				20,053		200)
1			5 Me	edicare wages and tips	6 Med	icare tax wit	:hheld
1516 Lexington Av	/enue			20,053		25	
Bear, DE 19701			7 So	cial security tips	8 Alloc	cated tips	
·				olal occarry lipe	7	atou tipo	
d Control number			9 Ad	vance EIC payment	10 Depe	endent care	benefits
e Employee's first name and initia	al Last name	Suff.	11 No	nqualified plans	12a		
Betty Hen					o d e		
1	D I		13 Statuto	ory Retirement Third-party yee plan sick pay	12b		
1506 Montgomery					C		
Wilmington, DE 19	9805		14 Otl	her	12c		
			14 01		C		
					e		
					12d ℃	1	
					d e		
f Employee's address and ZIP co	ode						
15 State Employer's state ID nui	mber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name
DE 51-777592	20053	54					
							1

Form W-2 Wage and Tax Statement

2008

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2008

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	or Fiscal year beginning	and ending) I									
Your	Social Security No.	Spouse's Social Se	ecurity No.	_								
	,		,									
	(Attach Label Here) DO NOT	COVER SOCIAL SECUR	RITY NUMBERS									
	Last Name	First Name and Middle I	nitial Jr., Sr., III., etc	;.								
	OWERS	RUTH		_								
Spou	se's Last Name	Spouse's First Name	Jr., Sr., III., et	C.								
Prese	ent Home Address (Number and	Street)	I Apt. #	_								
	35 LINDEN ST	,										
City	LITT MENIOMONI	State	Zip Code	_								
	WILMINGTON	DE DE	$\frac{19805}{1}$	<u> </u>								
1. 🕟	Single, Divorced, 3.	US (MUST CHECK ON Married & Filing	5. Head of		rm DE2210 Attached	If you Delaw		a part-year resid	dent in 2	008, give th	e dates you resided	in
ഥ	Widow(er)	Separate Forms	Household	I '	, titaonoa	From			2008	То	2008	
2.		Married & Filing Combined Separate on this form	I			FIUIII	Moi		2000		h Day	
Colu	mn A is for Spouse inform	•	only All other filing	ı statı	uses use Co	lumn F	3	Co	olumn A	<u> </u>	Column B	$\overline{}$
	<u> </u>									00		00
1.	DELAWARE ADJUSTED O			rerse	side, Line 4	1		1		1001	8,465	100
2a.	If you elect the DELAWARE S Filing Statuses 1, 3 & 5 Enter S			[50 in (Column A and	in Colu	ımn R					
	Filing Status 2 Enter \$6500 in		ing Status 4 Enter \$52	JU III 1		iii Colu	ם וווווו					
	If you elect the DELAWARE I											
b.	Filing Statuses 1, 2, 3 and 5, 6 Filing status 4 enter Itemized I							2		00	3,250	00
3.	ADDITIONAL STANDARD					truction	ns)	_		100	3,230	
	CHECK BOX(ES)	Column A - if SPOUSE	was Colu	ımn B	- if YOU were	e	,					
		65 or over Blind		r over								
	Multiply the number of boxes of (Filing status 4) enter the total	•			•	1		3		00		00
4.	TOTAL DEDUCTIONS - A							. 4		00	3,250	
5.	TAXABLE INCOME - Subt	ract Line 4 from Line 1	, and Compute Tax	on thi	is Amount			5		00	5,215	-
			Column A	П	Colum	nn B				00	-,	00
6.	Tax Liability from Tax Rate	Table/Schedule		00		75	00	6				
7.	Tax on Lump Sum Distribut	tion (Form 329)		00			00	7				
8.	TOTAL TAX - Add Lines	s 6 and 7 and enter he	ere				>	8		00	75	00
	PERSONAL CREDITS If you	•	-									
02	If you use Filing Status 4, ente Enter number of exemption							00		00		00
Ju.	On Line 9a, enter the numb		Column A		Column B	7		<i>5</i> a		00		00
9b.	CHECK BOX(ES) Spor	•			er (Column B							
	Enter number of boxes che	•	· 1 1		•	′] !	9b		00	110	00
10.	Tax imposed by State of							10		00		00
11.	Vol. Firefighter Co.# - Colu									00		00
12.	Other Non-Refundable Cre							1		00		00
13.	Child Care Credit. Must at	ttach Form 2441; Sch.	2, 1040A (Enter 5	0% of	Federal cre	dit)		13		00		00
14.	Earned Income Tax Credit	t. See instructions on	Page 8 for ALL req	uired	documenta	tion		14		00		00
15.	Total Non-Refundable Cred									00	110	00
16.	BALANCE. Subtract Line	15 from Line 8. If Line	15 is greater than L	ine 8,	enter "0" (Ze	ero)		16		00	35	00
17.	Delaware Tax Withheld (At	tach W2s/1099s)		00	2	217 (00	17				
18.	2008 Estimated Tax Paid & Pa	syments with Extensions		00		(00	18				
19.	S Corporation Payments For	m 1100S/A-1 Required		00			00	19				
20.	TOTAL Refundable Credits	. Add Lines 17, 18 an	d 19 and enter here	······			>	20		00		00
21.	BALANCE DUE. If Line 16	·					\rightarrow	21		00	182	
	OVERPAYMENT. If Line 2							22		00		00
	CONTRIBUTIONS TO SPE		.,				· 1.			1 00		
	If electing a contribution								23			00
	AMOUNT OF LINE 22 TO								24			00
25.	PENALTIES AND INTERES		=						25			00
26.	NET BALANCE DUE (For For all other filing statuses,	•	,				PA	AY IN FULL>	26			00
27.	NET REFUND (For Filing S	Status 4, see instruction	ns, page 9)		ZERO DI	JE/TO	BE F	REFUNDED >	27		182	00
	For all other filing statuses, s	subtract Lines 23, 24 and	d 25 from Line 22					1111111111				



2008 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICAT	IONS TO FE	DER	AL A	DJUS	TED	GRO	oss	IN	СО	ME								ling Status 4 ONL` Spouse Information COLUMN A		All other filings sta You or You plus Sp COLUMN B	pouse
	- ADDITIONS deral AGI amour	` '	r Federa	al 1040	, Line :	37; 10	040A	, Lir	ne 2	1; or	104	10EZ,	Line 4	·		28			00	8,465	00
00 11 1	0					5 .													00		00
	on State & Loc																1		00		00
	y adjustment, o																		00		
	- Add Lines 29											_				_			00		00
	. Add Lines 28				[00	<u>/</u>			00	32					
	 SUBTRACTI received on U 		` '	nne.												33			00		00
	Retirement Exc		•														_		00		00
	e State tax refu		•				_								_	•/ 54	_		00		00
Travelink	k Program, Dela	aware	NOL (Carry fo	orward	ple	ease	see	ins	tructi	ons	on F	Page 1	0		35	i				+
36. Taxable S	Soc Sec/RR Ret	iremer	nt Bene	efits/Hig	her Ed	uc. E	xcl/C	Certa	ain L	.ump	Su	m Dis	st. (Se	e inst	r. on Pg	11) 36	i		00		00
37. SUBTOT	ΓAL. Add Lines	33, 3	34, 35	and 36	and	enter	her	e								_			00		00
	. Subtract Line				L						00				00					ı	
	n for certain pe																		00		00
40. TOTAL -	- Add Lines 37	and	39													40)		00		00
41. DELAWA	RE ADJUSTED	GROS	SS INCO	OME. S	ubtract	line 4	40 fr	om l	Line	32. I	Ent∈	er her	e and	on Fr	ont, Line	1 41			00		00
				,										,		A and	Ва	re used and yoυ	are	unable to specifi	cally
	uctions betwe															42			00		00
	tal Itemized De																		00		00
	0 ,																00		00		
	14. Enter Charitable Mileage Deduction (See instructions on Page 11)																00		00		
	45. SUBTOTAL Add Lines 42, 43, and 44 and enter here																	00		00	
																			00		00
	orm 700 Tax Cr Subtract Line 40																		00		00
																			100		100
	 DIRECT DEF sing or savings 					•				•			•		•						
		П	Т	-	1						_	ı			_		Γ	DATE	OF	DEATH	7
a. Routir	ng Number							b.	. Тур	oe:		Ch	eckin		Savi	ngs	ŀ	Column A		Column B	1
		П		П		Т	Т					П	-	Т	1		ı	SPOUSE		TAXPAYER	1
c. Accou	ınt Number																Γ	/ /		1 1	7
NOTE	E: If your refu	nd is	adjus	ted by	\$10.0	0 or	mo	re, a	a pa	per	ch	eck v	will be	iss	ued and	I	L	Month Day Ye	ar I	Month Day Year	
maile	d to the addre	ess o	n your	retur	ո.																
	BE S	SURE	Е ТО	SIGN	ΥΟΙ	JR F	RET	UF	RN	BE	LO	W A	AND	KEE	PAC	OPY F	FOR	R YOUR RECO	ORD	3	
Under penaltie																				e, correct and com	plete.
Your Signature	e					Date	!					Si	ignatu	re of	Paid Pre	parer		Date		-	
Spouse's Sign	nature (if filing jo	oint or	r combi	ined re	turn)	Date						A	ddres	s-Zip	Code						
Home Phone					Ві	ısine	ss P	hon	ie			В	usines	s Ph	one			EIN, S	SN OI	R PTIN	
E-Mail Address	c											F	-Mail A	Addro							
L-Mail Address	3												-iviali <i>r</i>	luure	33						
MAKE CHECK MAIL REFUND MAIL ZERO DI If a 2D barcode MAKE CHECK	S PAYABLE AND DUE RETURNS UE RETURNS TO BOTH TO BE SHOWN TO BE SHO	D MAI S TO: O: e box) D MAI	DOES	DELA DELA DELA NOT a DELA	AWARI AWARI AWARI ppear	DIV DIV DIV in the	ISIO ISIO ISIO Upp ISIO	N O N O N O er ri N O	F RE F RE Ght I F RE	VENEVEN and	IUE IUE IUE cor	, P.O. , P.O. , P.O. ner of , P.O.	BOX BOX BOX f page BOX	3753, 3710, 3711, 1 of t 508, V	WILMING WILMING WILMING his form, VILMING	GTON, EGTON, EGTON, EGTON, EGTON, EGTON, EGTON, EGTON, DI	DELA DELA DELA e retu ELAV	of the following addr AWARE 19899-875: AWARE 19899-8711 AWARE 19899-8711 Jurn to one of the foll WARE 19899-0508	3) I lowing		
	DUE RETURN: UE RETURNS T																	AWARE 19899-876: AWARE 19899-8711			

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

<u>DE</u>	SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE	Spouse Information COLUMN A	You or You plus Spouse COLUMN B
See	the instructions and complete the worksheet on Page 7 prior to completing DE Schedu	ıle I.	
Er	ter the credit in HIGHEST to LOWEST amount order.		
1.	Tax imposed by State of (enter 2 character state name) 1	00	00
2.	Tax imposed by State of (enter 2 character state name) 2	00	00
3.	Tax imposed by State of ———— (enter 2 character state name)	00	00
4.	Tax imposed by State of ———— (enter 2 character state name) 4	00	00
5.	Tax imposed by State of ———— (enter 2 character state name) 5	00	00
6.	Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must		
	attach a copy of the other state return(s) with your Delaware tax return6	00	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qua	alifying Child Information	CHILD 1	CHILD	2							
	, ,	SHANICE FLOWERS	KALA FLOWERS								
	Child's SSN		123-90-8884								
9.	Child's Year of Birth	thild's Year of Birth									
10.	Delaware State Income Tax from Line 8 (enter higher tax a		75	00							
11.	Federal earned income credit from Federal Form 1040, Li Form 1040A, Line 40a; Form 1040 EZ, Line 8a	•		3,390	00						
12.	Delaware EITC Percentage (20%)			.20							
13.	Multiply Line 11 by Line 12			678	00						
14.	Enter the Smaller of Line 10 or Line 13 above. Enter here or Resident Return, Line 14		75	00							

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

A . Non-Game Wildlife	00	F.	Organ Donations	0)		
B . U.S. Olympics	00	G.	Diabetes Educ.	0)		
C . Emergency Housing	00	Н.	Veteran's Home	0)		
D. Children's Trust	00	Ι.	DE National Guard	0)		
E . Breast Cancer Educ.	00	J.	Juv. Diabetes Fund	0)		
inter the total Contribution amou	nt here and on	F7 F	Return, Line 19				
r Resident Return. Line 23			*		15		

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



	a Employee's social security number							
222222	a Employee e decial decamy named	OMB No. 1545-0008						
b Employer identification number	(EIN)	1 Wa	ges, tips, other compensation	2 Federal income tax withheld				
518879324			8,465	894				
c Employer's name, address, and	I ZIP code	3 So	cial security wages	4 Social security tax withheld 112				
Vutton Technology	/		8,465	1				
2500 Fifth Avenue		5 Me	dicare wages and tips 8,465	6 Medicare tax withheld 97				
Newark, DE 19701	1	7 Social security tips		8 Allocated tips				
d Control number			9 Ad	vance EIC payment	10 Dependen	t care benefits		
e Employee's first name and initia	al Last name	11 No	nqualified plans	12a	12a			
Ruth Flowers				o d e				
1235 Linden Stree	.+	13 Statuto employ	ory Retirement Third-party yee plan sick pay	12b				
				o d e				
Wilmington, DE 19	9805	14 Other		12c				
				12d				
				120 C				
f Employee's address and ZIP co	ode				e			
15 State Employer's state ID nur			ne tax	18 Local wages, tips, etc.	19 Local income	tax 20 Locality name		
DE 51887932	4 5465	217						

Form W-2 Wage and Tax Statement

2008

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.